VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

	10915	CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH o. COUNTY	Kent	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Matylar	 b. COUNTY 	
b. CITY OR TOWN RURAL ond give Chester		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	orporote limits, write R	(URAL and give nearest town)
	PITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS	(I dI dI)	e. IS RESIDENCE ON A FARM? YES NO
. NAME OF	Kent & Que	en Annes Middle	lost 4. DA	TE Man	
DECEASED (Type or print)	Emma	L	OF		otember 19 19 60
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	
Temale	Colored w	DOWED DIVORCED	April 5,1891	69 угз.	
during most of wo	orking life, even if retired)		STRY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
annery V	worker	Cannery	Maryland		USA
	0-1		Jane Hynson		
Moses	S Coleman	2 14 COCIAL SECURITY NO. 117 B	NFORMANT		dress
(Yes, no, or unknown)	(If yes, give war or dates of service	9)			
no		per line for (o), (b), and (c).	spital Records	Chester	INTERVAL BETWEEN
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	Atterial Hyper	tension		several year
PART II. O 20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIV	VEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES YES YES
	WAS UNDERLYING DATH NG CAUSE OF DEATH FY MEDICAL EXAMINER)). DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or	Port II of item 18.)	
20c. TIME OF INJU Hour o. m p. m	10		ACE OF INJURY (Home, farm, lactory, street, office bldg., etc.)	(City or town)	(County) (Stot
	not (I) (this hospitol) ased alive an 9/1	ottended the deceosed from 1,000, and that	9/19 1:60 death occurred 4:55PM		, 19 60 , that (I) (we) lo
22o. SIGNATURE	Les Ma	en	M.D. PHYS. MED. DIRECTOR	STAFF	9/19/60 9/19/60
22c. PHYSICIAN'S NAME (Type)	Robert W.	Farr	22d. ADDRESS hester	town, Mar	yland
230. BURIAL, CREMAT PEMOVAL (Specific Burial	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	or crematory 23d. LC eman Cem. RFT	DCATION (City, town,	
24. FUNERAL DIRECTO		ADDRESS Chestertov	250. REC'D BY RE	GISTRAR 25b. REG	ISTRAR'S SIGNATURE

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	16. L 80 - 100	. The Step tours.	Markey Street	

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MARYLAND STATE DEPARTMENT OF HEALTH

WAS STATE STATES OF TAXABLE CARE OF DEATH AND THE REAL PROPERTY. .Ju 1974 Vant 61. Charles | 12 ... - Atwards | Taken | T is a given in the contract of and and the state of the state The state of the s trans (vas pare) as a last 4624 besigned , relevely the control of t Par Chasternovn, Man Color of the Color

70 hours after death

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fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTI LAND

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CAL	RESEARCH	AND I	RECORDS	- BALTIMORE	1, MARY
CE	RTIFICA	ATE	OF D	EATH	

	10373	CERTIFICA	IE OF DEATH			
1. PLACE OF DEA'	Kent	MARYLAND	2. USUAL RESIDENCE (WI		UNITY ==	before admission) ent
	WN (If outside corporate limits, wr ive occrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Cheste)	outside corporate limits, v	vrite RURAL and give	e nearest lown)
d. NAME OF H OR INSTITUT Rent	OSPITAL (If not in hospital, give st		d. street Address Calvert St	t•	/	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sarah	Middle	Cann	4. DATE OF DEATH Sept	. 15, 19	960 Year
female	COLOTIACI		B. DATE OF BIRTH Jan. 6, 189	9. AGE (In last birth	1	YEAR IF UNDER 24 HR ays Hours Min.
during_mast a	PATION (Give kind of work done f working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Mary.		12.CITIZE	USA
3. FATHER'S NAM	Horace Live	Ly	Mary	Johnson		
1S. WAS DECEASE (Yes, no, or unknown)	DEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		_{IFORMANT} Manda Willi			t.
PART I	F DEATH Enter only one cause p DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if ony, which to immediate bring the under- lost. (c)	er line for (a), (b), and (c).] Cure Catany Intrus Con	L'heart	duane		INTERVAL BETWEEN ONSEJ AND DEATH
20g. ACCIDEN OR CONTRIBL	weaked ferme	DESCRIBE HOW INJURY OCCURRE	x.			PERFORMED? YES NO
Hour d	o. m. W		ACE OF INJURY (Home, farr ctary, street, office bldg., etc		(Cou	unty) (Stat
	that (1) (this hospital) at	tended the deceased from		M, from the cause		
22o. SIGNATU	Ple Die	7	M.D. ATTENDING W	STAFF PHYS.	9	/16/60 ^{SIGNE}
22c. PHYSICIA NAME (T		k	22d. ADDRESS Chest	ertown, Ma	aryland	
23a. BURIAL, CREA	AATION, 23b. DATE THEREOF 9/18/60	Pomona Ceme	etery	23d. LOCATION (City,	town, or county) estertow	n, Md.
24 FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS	wn, Md DATEE		REGISTRAR'S SIGN	

may be rehained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and page 3 shauld be detached for use as the burial-transit permit. the State Baord of Health prior to burial, cremation, ar remaval, TO HOSPITA

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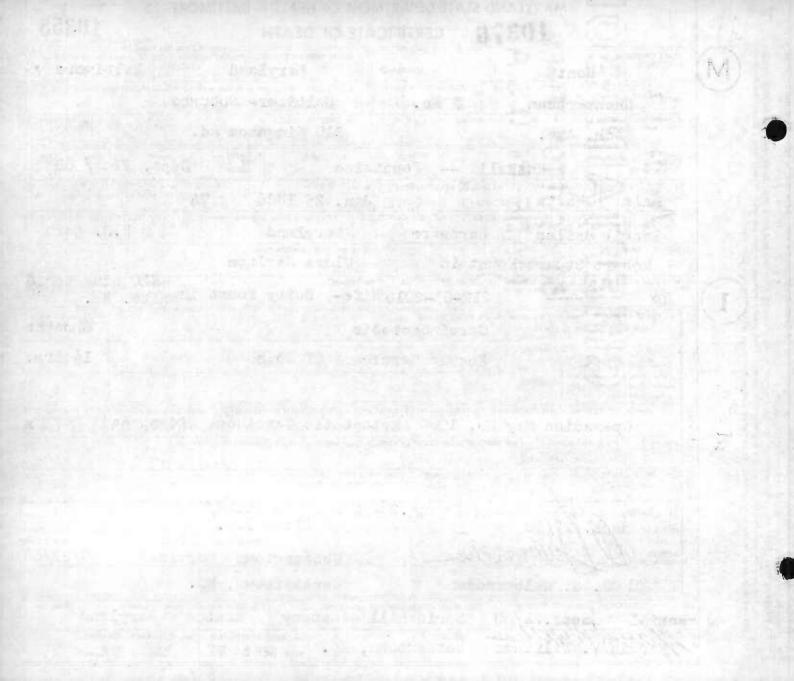
VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10355

1	1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	b. COUNTY Balt	before odmission)
	b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest town) Chestertown	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo Baltimore Su		ve nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION AVE.	street oddress)	d. STREET ADDRESS 810 Kingston	Rd. 031-	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) RUSS	ell Fount	Lost 4. DATE OF DEATH	Sept. 22	Day 60 Yeor
		MARRIED NEVER MARRIED	8. DATE OF BIRTH	Land brings Land	YEAR IF UNDER 24 HRS
	Male White w	IDOWED DIVORCED	Jan. 25 1886	74 yrs. Manths	Pays Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Sailes	10b. KIND OF BUSINESS OR INDUS Hardware	STRY 11. BIRTHPLACE (State or foreign of Maryland		S. Born
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Robert Stuart F	ountain	Clara Carlton		
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES [Yes, no, or unknown] (If yes, give war or dales of service)		ife- Betty Four	AddilO K	ingston d Md. Rd
	1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).] Carcinomatos	is		INTERVAL BETWEEN
	Canditions, if any, which gave rise to immediate DUE TO	Mucoid Carci	noma Of Colon		l½ Yrs.
1	lying cause last.				
1	PART II. OTHER SIGNIFICANT CONDITI	7 -	NOT RELATED TO THE TERMINAL DISEAS		
	3 Operation May	20, 1960 Met	astatic Carcino	na Widesprea	YES NO
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURREN	D. (Enter nature af injury in Part I ar Part	t II af item 18.)	
	Haur a.m.		ACE OF INJURY (Home, farm, 20f. (City tary, street, affice bldg., etc.)	ar town) (Ca	unty) (State
	ACTUAL SIGNATURE OF SUPERIOR O	19, and that death	occurred at 1:40 M, from ADDRESS (St. M.D. Chestertown Chestertown,	the causes and an the reet, city or town, state) Haryland	
-					
	220. BURIAL, CREMATION, 22b. DATE THEREOF Sept. 24/6		. Cemetery Ba	ston (City, town, or county)	
	23. FUNERAL GIRECTOR'S SIGNATURE // LLCA	ADDRESS Chestertown	24a. REC'D BY REGIST		4 :



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A15 (4) 1SM 9/S9

Chestertown, Md.

Chestertown.

25h REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR arthur S. Kraus DATE CEP 9 60

(County)

111358

e. IS RESIDENCE ON A FARM?

YES NOW K

Year

19

Aent

1960

Days

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

22b. DATE

(State)

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16 days

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A15 (4) 15M 9/59

103 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		Thom	8 FilmG27	2 10	3-60 et					
1. PLACE OF DEATH a. COUNTY	Kent		MARYLA	- 11	usual RESIDENCE (\ a. STATE Marvl		lived. If institution b. COUNTY	Kent	befare a	dmission)
b. CITY OR TOWN (RURAL and give n	If autside corporate lim	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	f outside corpore	ate limits, write R	URAL and giv	e nearest	town)
Chesterto			7 hrs.		Milling	ton				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol,		ddress)		d. STREET ADDRESS		100		0	RESIDENCE ON A FARM?
ent & Que		rst ROS	Middle	- 4	1	4. DATE	14-	46		
DECEASED (Type ar print)	Roland		Wooley		Miller	OF DEATH	Man 9		Day 24	19 60
Male	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED		10/10/88	1898	AGE (In years last birthdoy) yrs.			JNDER 24 HRS Durs Min.
	11-1-1		IND OF BUSINESS OR		11. BIRTHPLACE (Sto			12. CITIZE	N OF WH	IAT COUNTRY
Farmer	king life, even if retired	1)	riculture		Maryla	nd		U.S	S.A.	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Aug	gustine M	iller			Maud	e Wool	ey			
5. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOI		OCIAL SECURITY NO.	17. INFO	RMANT		Addi	ress		
No	(II yes, give war or dates of	21	8-14-1803	E	ith Mill	er. wi	fe. Mil	lling	ion -	Md -
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	7	for (o), (b), and (c).]	Pia	Picelast	tion			ONSET	AL BETWEEN
Canditions, if	DUE TO	6	euera	li	ellas	Leres	seler	rus	l,	IRS
gove rise to cause (o), stating lying cause last.	the <u>under-</u> DUE TO			0	C					
PART II. OT		-	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (I	inter nature of injury i	in Port I or Port	II of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	20d. IN While at wark	Not while		OF INJURY (Hame, for, street, office bldg., o		or town)	(Co	unty)	(State
	G. G.	d) ottende	ed the deceosed fr	-		1962, to E		,		(I) (we) los
saw the deced	Sed alive on) \	1960, and 1	hot dea)	ATTENDING.	MED.	staff	d on the	dote sto	22b. DATE SIGNE
7	Ming	all.	K Mos	> M.D		DIRECTOR [PHYS.	-		
22c. PHYSICIAN'S NAME (Type)	HAERY	PAU	16-Ross		22d. ADDRESS 203N.C	ucan !	st. Ch.	estle	18 as	o, Me
30. BURIAL, CREMATION REMOVAL (Specify	9/27/0	OF O	23c. NAME OF CEMET	ERY OR C	REMATORY EM	23d. LOCATI	ING TO	ar caunty)		(Stole) D.
FUNERAL DIRECTOR	SIN STATURE	81, 0	nelling.	tox.	9/ 25a. RE	CED 2 8 '6		STRAR'S SIGN	NATURE	

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E man					

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shauld be filed with

ofter death. Page

may be reharmed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detoched far use as the burial-transit permit. Then please remayerando appers. Pages 1 and the Stote Board at Health priar to burial, cremation, or removal, and in any event within 72 thous after death. Within 72

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITA

VR A1S (4) 1SM 9/59

	CERTIFICATION CERTIFICATION	IE OF DEATH	
1.	DEACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	e nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION OF NT 1 OVERN ANNE'S	d. STREET ADDRESS R.D. HZ	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Leona Elizabeth Ousborn	OSBOLINE DEATH SEPT	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	9.25.07 St birthday) Months Di	YEAR IF UNDER 24 HRS. ays Haurs Min.
10	Da. USUAL OCCUPATION (Give kind af wark dane during) man af working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	US A
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L) ANFOLD SHELTON	ELSIK PUCH	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	HOTP CHAR Ches	to Pa.
	1B. CAUSE OF DEATH [Enter only ane cause per line far (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	0266411001	10 MIN
	T d O DUE TO		
	Canditians, if ony, which) (b)		
	gave rise to immediate (cause (a), stating the <u>under-(</u>		
	lying cause last. (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. While Not while foct p. m. 19 at work at work	CE OF INJURY (Hame, farm, 20f. (City or tawn) (Collary, street, affice bldg., etc.)	unty) (State)
	21. 1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 2. 12. 182, and that deceased	eath accurred at 1M, from the causes and an the	
	220. SIGNATURE	A.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS CLOSUTE.	w, Md
23	33-BURIAL, CREMATION, 23b. DATE THEREOF 23c. DAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 23d. LOCATION (City town, or county)	(State)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE SEP 2 0 '60 Carling 8. 1	

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7		LACE OF DEATH			MARYL	AND	2. USUAL RESIDENCE (W		b. COUNTY -		
	_		Kent		52.1		Maryl		X	leen Ar	
		b. CITY OR TOWN (I RURAL and give no	If outside carporate limits, earest town)	write c.	LENGTH OF STAY IN		c. CITY OR TOWN (If		limits, write RURAL	ond give neare	st town)
	Chestertewn 11 days					Sudler	sville				
12		I. NAME OF HOSPIT	TAL (If not in hospital, give	street addi	ress)		d. STREET ADDRESS		. ^	V 0 .	IS RESIDENCE
1	Kent & Queen Anne's Hespital							17	X-2.	ON A FARM?	
	3, 1	NAME OF DECEASED	First		Middle		lost	4. DATE OF	Month	Day	Year
		(Type or print)	Mary		B.		Russell	DEATH	9	9	1960
7	5. S	EX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	П	8. DATE OF BIRTH	9. A		NDER TYEAR IF	UNDER 24 HRS.
	Fe	emale	9.91 0 4	VIDOWED [12/6/78		st birthdoy) Mod	nths Days I	dours Min.
	10a	. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	ne 10b. KIN	D OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country	y) 1	2. CITIZEN OF	WHAT COUNTRY?
		Housewi		Hem	emaking		Maryland			U.S.A.	
	13.	FATHER'S NAME		1119444	Omenta.		14. MOTHER'S MAIDEN				
	1	A. P. H	offecker				Mart	ha	EHAIR	ES	
-		WAS DECEASED EVE	R IN U. S. ARMED FORCE	57 16. 500	IAL SECURITY NO.	17. 1	NFORMANT		Address		
		No.	ir yes, give wor or outsit or save			M	ary B. Russ	sell, th	ne decer	rsed	
		18. CAUSE OF DEA	ATH [Enter only one caus	e per line fo	or (o), (b), and (c).]		0				AL BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Con	mer.	46	mendon	`		7	Lorins
		470	DUE TO					1 -			
		Conditions if a	w United \	0.7		0	the lo	to de		5.	Chea.
	Conditions, if ony, which gave rise to immediate (b)								300	a year	
		cause (a), stating	the under DUE TO								
-	7	lying cause last.) (c)_								
T	õ	PART II. OTI	HER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN	Y PART 1(a) 19.	PERFORMED?
	3	Comm	on dent	3 tes	re-cli	ald	litterasi	\$		Y	ES NO
	CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING 2	DESCRIB	E HOW INJURY OC	CURRE	D. (Enter nature of injury in	Part I or Part II a	f item 18.)	- 150	
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJUR	RY Month, Day, Year	20d. INJUI	RY OCCURRED 2	Oe. PL	ACE OF INJURY (Hame, fare	n, 20f. (City or to	own)	(County)	(State)
	4EDI	Hour a.m.	19	While of work	Not while of work	foc	clory, street, affice bldg., etc	c.)			
	2		nat I attended the a	_		7	1960 to 9	1-9	10/0 16	nt I lost sou	the deceased
		0	_9	10 6 6	110111, 22	J l	occurred at 1600				
		alive on_4		, 19 0	,, and that c	jeath	occurred at 162-1		e causes and city or town, state		DATE SIGNED
		ACTUAL		O'	2 1		1	ADDRESS (STORT,	city or town, state	111	DATE SIGNED
		SIGNATURE		a	DLUC		m.o. <u>hes</u>	TEVE	5 W 14/	4d.	7-7-60
н		PHYSICIAN'S	7	77	e /						
		NAME (Type)	H1C1		416						
	220		N. 226. DATE THEREOF	27	C. NAME OF CEMET			22d. LOCATION	(City, town, or cor	unty)	(State)
	4	A ENNEY)	00,9/12/60	7	SILVER	2 1	BROOK	Tullm	1019762		Del
	23.	FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS A	11:	00 - 240. REC	D BY REGISTRAR	24b. REGISTRAI	R'S SIGNATURE	
	5	dan &	T of man	6	Luck A	tel	W mi				
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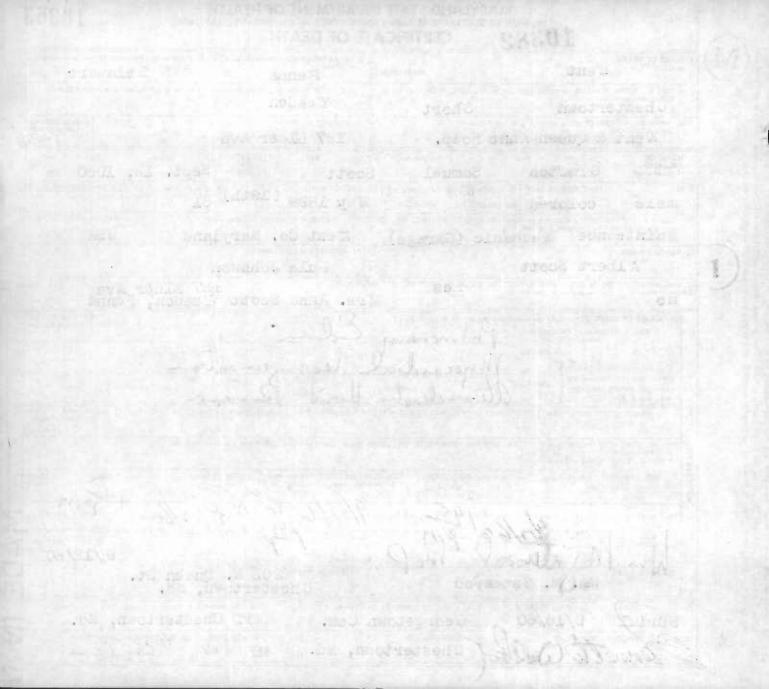
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 10229 CERTIFICATE OF DEATH

10363

	70005	0-111111			
1. PLACE OF DEATH o. COUNTY	K ent	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instituti b. COUNTY	ion: Residence before admission) Delaware
b. CITY OR TOWN RUPAL and give r Cheste	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Yeaden	tside corporate limits, write R	RURAL and give nearest town)
d. NAME OF HOSPI OR HISTITUTION ENT	& Queen Anne	Hosp.	d. STREET ADDRESS 127 Elder	r Ave	e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
3. NAME OF DECEASED (Type or print)	Grafton First	Samuel Middle	Scott	4. DATE Mor	Day Year 12, 1960 19
s. sex male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	May 1899	19th) 9. AGE (In yeors last birthday) 61 yrs.	
10a. USUAL OCCUPATI during most of wo Maintes	ON (Give kind of work done 10b. rking life, even if retired) INCE Mechani		istry 11. Birthplace (Stole of Rent Co.		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	ert Scott		14. MOTHER'S MAIDEN N		
		Teb	Lula Jo NFORMANT Mrs. Anna So	127 E18	dër Ave n, Penna
Conditions, if a gove rise to cause (o), stoting lying couse lost	immediate DUE TO	morandial	Edna Least &	ensation. Disease	INTERVAL BETWEEN ONSET AND DEATH
CATIC	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	ort 1 or Part II of item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	While		LACE OF INJURY (Home, form, potory, street, office bldg., etc.)		(County) (State
saw the dece	at (I) (this haspital) attended	10	11 / 00/11/	M, fram the causes an	g_, 19, hat (1) (we) last nd on the date stated above
220 SIGNATURE 220 MYSICIAN'S	M. Calwas	2 mp		RECTOR PHYS.	9/12/60 PATE
NAME (Type)	Wm M. Gatev		Chest	3 N. Queen ertown, Md.	
BUTTAL	9/16/60	Georgetow	n Cem.	RFD Chester	rtown, Md.
24. FUNERAL DIRECTO	R'S SIGNATURE	Chesterto		TT 4 4 100	Cistrar's SIGNATURE Cilling S. Huma

TO HOSPITA VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	(Lifet	ime) MAR	YLAND 2.	o. STATE			d lived. If institut b. COUNTY			
	b. CITY OR TOWN (III RURAL and give ne	outside corporate limi arest town)	its, write	c. LENGTH OF STAY	IN 1b	, c. CITY OR			rate limits, write I	RURAL and gl	ve nearest to	own)
15	d. NAME OF HOSPITA				rs	Rural d. STREET A	- C DDRESS R.F.		rtown			RESIDENCE LA FARM?
-	Kent & Q			pital	111/				ζ			M NO .
3.	NAME OF DECEASED (Type or print) T.=	illian Ka	14	Middle Sn.s	rks	Los	it.	4. DATE OF DEATH	Septemb	nth er	5 Day	Yeor 19 60
5.	SEX	6. COLOR OR RACE				ATE OF BIRT	Н		9, AGE (In years last birthday)	IF UNDER 1		IDER 24 HRS.
L	Female	White	WIDOWED		- V	iarch	12.1	919	4] yrs.		Doys Hou	
10	 USUAL OCCUPATIO during most of work 	N (Give kind of work ing life, even if retired	done 10b. Ki		OR INDUSTRY	11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
1.0	Housewife			home		4. MOTHER'S	M	aryla	and	U	S.A.	
113	FATHER'S NAME					4. MOTHER'S	MAIDEN N	IAME				
L	Gaarge	Redman				Ada S	laug	hter				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO). 17. INFO	RMANT		1577	Add	iress		
1.	No	ir yes, give wor or outside or	219	9-34-387	78 HAS	nital	Rec	ande				
F		TH [Enter only one co	ouse per line	for (a), (b), and (c)		NA VIII A		W. W.			INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Palu	ic perito	nitie						ONSET AN	
	17313	IMMEDIATE CAUSE (c		Te berree	HITOTO	post	eper	ative	•		4 day	3
	670	DUE TO)									
1	Conditions, if ar)							~		
	cause (a), stoting t											
1	lying cause lost.) ((:)(:									
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DI	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
K												NO
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY	OCCURRED. (E	inter noture o	of injury in F	Port I or Por	t II of item 18.)			
		Month, Day, Ye	or 20d INI	URY OCCURRED	20e. PLACE	OF INJURY (Home form	20f (City	or town)	IC.	ounty)	(State)
MEDICAL	Hour a.m.	-377	While	Not while		, street, affice			or rowing	100	,only)	(Sidie)
X	p. m.	19	ot work	at work		- 72						
	21. I certify the	at I attended the	deceased	fram 8-31-		, 19 60	, ta 9-	5	19 60	that I lo	ast saw th	e deceased
	alive an 9-	5-60	., 1960	and tha	t death ac	curred at	7.34	• M. fran	n the causes	and an the	e date sta	ated abave
		()							treet, city or town,			DATE SIGNED
Ш	ACTUAL	1000	5-1-	/						9.	-5-60	
Н.	SIGNATURE	acc	- Confe		M.D						-7-00	
	PHYSICIAN'S NAME (Type)	A.C. Dick				Che	stert	own, l	Maryland	,		
22	. BURIAL, CREMATION	N, 226. DATE THEREC	OF	22c. NAME OF CEA	AETERY OR CI	REMATORY		22d. LOCA	TION (City, town.	or county)	(S	tote)
	BENDATA Jecita	9/8/60	0	Cheste:	r Cem	etery	15.	Ches	tertown	, Mar	ylan	1
23	FUNERAL DIRECTOR	SIGNATURE	11/1	APDRESS ,		35.7	24a. REC'I	D BY REGIST		ISTRAR'S SIGI		
	HWill.	lis (1) e	Wa	Cheste	rtown	, Ma.	DATE S			ribun S.	Kenne	

-- 00000 A Large I Down Interdoof to the and . aviaonninaans . Market and the Commission of the Park State Commission from the Commission of the Co THE WORLD AND SHAPE THE TWO IN THE A PARTY TO THE PARTY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND burial, b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO. NAME OF 4. DATE First Middle Day Year, erol DECEASED OF (Type or print) DEATH 5. SEX 9. AGE (In your 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Days Hours WIDOWED [DIVORCED T YES. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME may 14. MOTHER'S poges Pages oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **ANFORMANT** 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES F 200. EXTERNAL CAUSE WAS PRIMARY A OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part 11 of item 18.) running 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) foctory, street_effice bldg., etc.) at work at work 21. I certify that I taak charge of the remains described abave, held an Autapsy Inspection Inquiry and find that death resulted from: Natural causes . Accident . Suicide . Hamicide , Undetermined cause to the Chic DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATOR EMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246_REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Krack DATE SEP 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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The second of th	19 프라스 2개 및 4세 이 전기와 위치를 보고했다. [18 HE - 18 HE

)	o. COUNTY Kent MARYLAND	o. STATE Maryland b. COUNTY Ker	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chest ertown adult life	c. CITY OR TOWN (If outside corporate limits, write RURAL and given the control of the control o	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cannon St.	d. street address /Cannon St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Willard H. Thawley	4. DATE OF DEATH Sept. 6 7	Day Year 1960
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Aug. 11, 1888 9. AGE (In yeors IF UNDER 1 Manths D	YEAR IF UNDER 24 HRS. Pays Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Plumber retired Owner	135	SA
1	Willard H. Thawley, Sr.	Harriett Alverta (unknown	wn)
	(Yes no or unknown) . Iff was give war or dates of require)	Mrs. Eugen s Fisher Canthon St	rtown, Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac deco	mpensation	INTERVAL BETWEEN ONSET AND DEATH 3-4- hours.
	Conditions, if on), which gove rise to immediate cause (a), stoting the under-lying cause last.	eart disease	10 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I ar Part II of item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (Catary, street, office bldg., etc.)	unty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Sept. 7 1960, and that d	leath accurred 12:91, 4.M the causes and an the	date stated abave.
-	actife		9 /7/60 IGNED
1	NAME (Type) A. C. Dick	Chestertown, Md.	
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O Chester C		aryland
-	21 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chesterto	wn, Md DATE FD S '60 Culing & H	

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TO HOSPIT

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	10388	CERTIFICA	TE OF DEATH		10204
	PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Whe		on: Residence before odmission)
]	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MILLINGTON Sev	c. LENGTH OF STAY IN 16	Milling	tside corporote limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION At home	et oddress)	P.O. Box	x # 53	e. IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF First DECEASED (Type or print) I Saac	Middle Wils	son, Jr.	4. DATE OF Sept.	
S. S	male colored	RRIED# NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 17, 1916	9. AGE (In yeors lost birthdoy) 44 yrs.	IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote of Maryland		12. CITIZEN OF WHAT COUNTR
3.	I saac Wilson,	Sr.	Emma But		
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 s. no, or unknown) (If yes, give war or dates of service)		nformant Mrs. Ida Wil	Lson Milli	"# 53 ington, Md.
	1B. CAUSE OF DEATH [Enter only one couse per	inte for (of, (b), and (c).			
TION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 5 27 2 DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	iarrhea - cau	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 527. 2 DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION Probable Pulmonary	iarrhea - cau	NOT RELATED TO THE TERMIN		
L CERTIFICATI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 527. 2 DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION Probable Pulmonary 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m.	S CONTRIBUTING TO DEATH BUT TBC or Neopla ESCRIBE HOW INJURY OCCURRED INJURY OCCURRED 20e. PL	NOT RELATED TO THE TERMIN	ort I or Port II of item 18.)	VEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
CAL CERTIFICATI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION Probable Pulmonary 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d White Country Country Medical Examiners (If either, Notify Medical Examiner) 21. I certify that (I) (this haspital) atters we the deceased alive an 9/8 22c. PHYSICIAN'S	S CONTRIBUTING TO DEATH BUT TBC or Neopla ESCRIBE HOW INJURY OCCURRE INJURY OCCURRED le Not while for ork of work many of the deceased from	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) death accurred at ATTENDING: ATTENDING: ATTENDING: ATTENDING: ATTENDING: ACE OF INJURY (Home, farm,	20f. (City or town) 60, ta 9/8 M, fram the causes an	(County) (State of the date stated above 19/9/60 SIGN

